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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJI	Sunset Cove Condominium Association, Inc. Name of Corporation			
DOCU	MENT NUMBER: 751699			
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Deborah Ross, Esquire Name of Contact Person			
Ross Earle & Bonan, P.A. Firm/Company				
789 S Federal Highway, Suite 101 Address				
Stuart, FL 34994 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
	Deborah Ross at (772) 287-1745 Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32301			

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CR2E045 (8/05)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta ange is submitted for a corporation organized under the laws of the State of Flo er to change its registered office or registered agent, or both, in the State of Flo	orida		
1. The name of	the corporation: Sunset Cove Condominium Association, In	C.		
2. The principal Stuart, FI	office address: 625 N River Drive 34994			
_	address (if different): c/o J&J Personalized Management, PO Box 1 y, FL 34991	863		
4. Date of incor	poration/qualification: 03/25/1980 Document number:	751699		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)				
	Deborah Ross			
	759 S Federal Highway, Suite 212	a		
	Stuart, FL 34994	A WISE		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	SECRETARY OF COR		
	Ross Earle & Bonan, P.A.	PH 2		
	789 S Federal Highway, Suite 101 P.O. Box NOT acceptable	5 PH 2: 58		
	Stuart, FL 34994			
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.				
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.				
Signature or an officer or director Roce Frinted or typed name and title				
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.				
Sig	mature of Registered Agent Color Date			
If signing on behalf of an entity:				
ELIZABETT T	yped or Printed Name			

* * * FILING FEE: \$35.00 * * *